

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Child and Adult Care Food Program Federal Aids and Audit Section

Instructions for Completing the Reimbursement Claim Form – ADULT CARE COMPONENT PI-1489-A (Rev. 10-08)

1. Complete the information in the blocks at the top of the claim, including the *daytime telephone number* for the person responsible for completing the claim.

2. Complete *I Enrollment Data*:

LINE 1-4.....Fill in totals according to the required *Household Size-Income Record*. Any eligible participant without a current, valid income statement on file must be considered non-needy.

The numbers reported for non-needy, reduced and free must equal total enrollment for the month.

3. Complete *II Participation Data* using the applicable column(s):

LINE 5Report the total *Number of Sites*.

Sponsoring organizations with more than one site must provide individual site information on the back of the claim form. Please note, "Site No." must be the DPI-assigned site code number. Enrollment data must be reported by need category (non-needy, reduced and free) **for each site**. The numbers reported for non-needy, reduced and free must equal the total enrollment for the month for each site.

For-profit centers must submit the *Eligibility for Proprietary Centers* form (PI-1485A-Adult Care).

LINE 6List the *Number of Days of Service* that sites were open and serving meals during the month. If sites differed in the total days of service, use the greater number for the days of service.

LINE 7Report *Average Daily Attendance*. Using the daily attendance records, NOT meal count sheets, determine the number of eligible participants in attendance for each day the site was open and serving meals. Then add up each day's total to get a monthly total. Divide this total by the number of days of service (round all fractions up to the next whole number) to determine *Average Daily Attendance*.

LINE 8Report total *Number of Meals Served to Eligible Adult Participants* using meal counts recorded at the time of the meal service or immediately thereafter. The number of supplements (snacks) must be reported by type (AM Snacks, PM Snacks, Additional Snack).

LINE 9Report the *Number of Meals Served to Program Staff*. A program staff performs necessary labor (paid or donated) for the food service program. This includes menu planning, preparing and serving of meals, cleanup after meals, supervision of participants during meals, and on-site recordkeeping.

LINE 10Report the *Number of Meals Served to Ineligible and Nonprogram Adults*. Ineligible adults are individuals who do not meet the participant eligibility criteria of the adult component of the CACFP (i.e. reside in nursing homes, Community Based Residential Facilities, or Adult Family Homes), and those participants whose meals are being reimbursed for from other funding sources such as the Older American Nutrition Programs, or Title III of the Social Security Act. Nonprogram adults do not perform any necessary labor in support of the food program. Nonprogram adults include visiting relatives, licensing inspectors, DPI or USDA personnel.

4. Complete *III Certification*:

As an assurance that the claim information is accurate, the *Authorized Representative* identified on the CACFP *Application* must complete, sign and date the bottom of the form.